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2017 JUN 16 PM 3:51

**CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
RIVERSIDE**

BY 

Name: David T. Tran

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Jurupa Valley, CA 92509

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Fax: No Fax

In Pro Per

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

David T. Tran

CASE NUMBER: **5:17-cv-00583-JGB(DTBx)**

Plaintiff

v.

Ross University
School of Medicine

Defendant(s).

PROOF OF SERVICE

ACKNOWLEDGEMENT

(Enter document title in the space provided above)

1

Page Number

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Ross University School of Medicine
 was received by me on *(date)* May 31, 2017.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

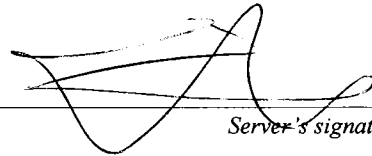
☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: I executed, via certified mail, service of documents, as listed below, to the defendant's (Ross University School of Medicine) president/CEO, Steven P. Riehs, who is located at a different address from that stated on the summons. The address on the summons is the location of the corporate headquarters. The address of the CEO is:
 3005 Highland Parkway, Downers Grove, IL 60515.

My fees are \$ 0.00 for travel and \$ 12.87 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: June 12, 2017



Server's signature

Erica Velasco


Printed name and title

5254 Marlatt St.
Mira Loma, CA 91752

Server's address

Additional information regarding attempted service, etc:
 Documents served include:

1. Copy of the Summons
2. Copy of the Complaint
3. Proof of Service Form
4. Order Re Transfer Pursuant to General Order (notice of transfer of judge)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Ross University Services, Inc. (School of Medicine) Attn: STEVEN P. RIEHS 3005 Highland Pkwy Downers Grove, IL 60515</p>  <p>9590 9402 2777 6351 8771 38</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 3560 0000 9234 9894</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	